

## **Bhutanese Refugees in the United States: Their Dietary Habits and Food Shopping Practices Upon Resettlement**

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### **Abstract:**

Three household observations and semistructured interviews (n = 14) were conducted with Bhutanese refugee mothers to understand food shopping and dietary practices in this group of the refugee populations. Participants were recruited through a resettlement agency and snowballing techniques. Observation results indicated that steaming and stir-frying were common cooking methods and spices such as green chilies, turmeric, and fenugreek seeds were used commonly in seasoning. All the interview participants received Supplemental Nutrition Assistance Program (SNAP) benefits and went to multiple stores for food shopping. Semistructured interview results indicated that Bhutanese women continued preparing traditional meals of rice, vegetables, lentil, or meat curry and fresh pickle.

**Keywords:** refugees | nutrition | food | resettlement

### **Article:**

## **INTRODUCTION**

In recent years, the number of refugees arriving in the United States for resettlement has increased significantly. A refugee can be defined as a person who has fled his or her country due to persecution or fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group.<sup>1</sup> Refugees differ from other immigrants in that they do not have a choice to return to their country of birth. According to the United Nations High Commissioner for Refugees' (UNHCR) report, there were approximately 15.2 million refugees worldwide at the end of 2008.<sup>1</sup> UNHCR tries to seek durable solutions for refugees. One such solution involves resettling refugees in developed countries such as the United States, Canada,

and Australia. In 2008, approximately half of the beneficiaries of the resettlement program were refugees from Iraq, Myanmar, and Bhutan.<sup>1</sup> In recent years, the United States began accepting between 70 000 and 80 000 refugee individuals per year.<sup>2</sup> According to the US Department of Homeland Security, Office of Immigration Statistics, 62% of the total refugee population admitted in 2008 was from Burma, Iraq, and Bhutan.<sup>2</sup>

The migration history of Bhutanese refugees, referred to as *Lhotsampas* (Bhutanese citizens of Nepali origin), dates back to December 1990 when Bhutanese authorities determined that *Lhotsampas* who were unable to prove their residency prior to 1958 had to leave the country, resulting in tens of thousands fleeing to Nepal and West Bengal in India.<sup>3</sup> As of January 2010, there were 89 500 refugees and 900 asylum seekers of Bhutanese origin in Nepal.<sup>4</sup>

Refugees resettled in developed countries such as the United States usually experience a shift in lifestyle from a rural, agricultural-based setting to a more organized, high-tech setting. Upon resettlement, refugees are expected to learn the host country's language and adapt to the social and cultural environment and even food environment. Especially in the case of food environment, refugees are expected to adapt to more organized, planned food-related practices such as weekly shopping, fixed prices, and use of electronic benefits such as Supplemental Nutrition Assistance Program (SNAP). These changes may be exacerbated by language barriers and unfamiliarity with indigenous and readily available food items.

In a study by Hadley and Sellen in the United States, 39% of Liberian refugee mothers expressed difficulty shopping for food at the regular grocery stores due to unfamiliar food choices.<sup>5</sup> Willis and Buck interviewed 31 Sudanese refugees in Nebraska to understand their dietary habits and identify nutrition education topics for this group of the population.<sup>6</sup> Results showed that participants had a limited knowledge of readily available fruits and vegetables and other healthy food choices in the regular grocery stores. In the case of nutrition education topics, both Sudanese men and women showed interest in learning American dishes and different food substitutes for their traditional dishes. The results of the focus group discussions with Somali refugees in Lewiston, Maine, indicated that the Somali mothers or food shoppers often experienced social and language barriers while shopping at regular American grocery stores.<sup>7</sup> During discussions, Somali women revealed that they preferred shopping at the small ethnic stores (*Halal*markets) than at a regular grocery stores. The main reasons identified were language issues, poor support from the store staff, and limited knowledge of common food choices such as frozen vegetables and ready-to-eat breakfast cereals. In another study, refugee women reported cooking their traditional food because they had poor access and knowledge of different regular food stores, and they reported limited knowledge of other nontraditional dishes.<sup>8</sup>

In recent years, the Bhutanese refugee population has increased significantly in the United States. Like other refugee groups, upon arrival in the United States, Bhutanese refugees experience transition from a rural life to an advanced, hi-tech organized life. Hence, in order to understand food-related issues and barriers upon resettlement, Bhutanese refugee mothers were

recruited to collect the following information: (1) daily food preparation and dietary habits; (2) use of SNAP and other food assistance programs; and (3) food budgeting and shopping practices.

## **METHODS**

The study was approved by the Institutional Review Board at the University of North Carolina at Greensboro. To meet the objectives of this study, methods such as direct observation and in-depth semistructured interviews were used to collect qualitative data. To be eligible, study participants were required to meet the following criteria: (1) refugee mother of Bhutan origin; (2) older than 18 years; and (3) main meal preparer of the household. Participants were recruited directly from the resettlement agency or by snowball techniques such as networking, telephone invitations, and referrals. The informed consent form was explained to interested participants who met the criteria and written consent was obtained for either the household observation or the semistructured interview. The study was carried out between February and May 2010.

### **Direct Household Observation**

Three meal preparations were observed at participants' homes. Research staff scheduled a consultation visit with Bhutanese mothers in order to observe lunch or dinner preparation. During the observation visit, all the ingredients used during the meal preparation were noted. In addition, step-by-step preparation procedures were noted by research staff. All utensils, especially traditional ones used during the meal preparation, were also noted. The observations lasted between 2 to 3 hours. Two research staff took the observation notes separately, which were then compared for cross-validation. Any inconsistencies were resolved before compiling and analyzing observation notes.

### **Semistructured Interviews**

A total of 14 face-to-face interviews were conducted with participants who met all of the selection criteria. Interviews were conducted at the participant's home in either English or Nepali. Interviews in Nepali were conducted with the help of a volunteer translator from the local resettlement agency. For Nepali interviews, the original English questionnaire was not translated into Nepali beforehand; instead, questions were directly translated into Nepali during each interview. The interviews were tape recorded and brief notes were also taken. Interviews in English were transcribed verbatim and Nepali interviews were translated and transcribed directly into English.

The semistructured interview questionnaire was organized into the following 4 sections: (1) Previous living conditions and lifestyles; (2) food shopping in the United States; (3) dietary and meal preparation habits in the United States; (4) differences between previous and current dietary and food management habits. In addition, at the end, the interview guide included questions to collect sociodemographic information such as age, monthly household income, and participation in SNAP and other programs.

After initial development of the questionnaire, a staff member at the resettlement agency was asked to review the interview guide for language use, relevance, and use of appropriate prompts. Each section included approximately 4 to 5 major questions. The interviewer used prompts to probe for additional information based on respondents' answers to the primary interview questions. There was no predetermined time limit established, but on average interviews lasted approximately 90 minutes.

For analyses, 2 research staff reviewed transcription independently and organized emerging themes under the 4 sections of the interview guide. After independent categorization, the researchers compared their respective themes for each transcript. Themes that were identified by both reviewers were included in the final results. In the case of discrepancies, written notes and transcription were revisited and discussed before including or excluding them from the final results.

## RESULTS

Sociodemographic results indicated that, on average, participants lived in refugee camps in Nepal for 17.3 years. Participants arrived in the United States between May 2008 and December 2009. The mean household size was 4 individuals, 2 or 3 of whom were children (below 18 years). The mean age of the participants was approximately 43 years with a minimum of 31 to a maximum of 62 years. As shown in Table 1, approximately two thirds of the participants reported receiving no formal education, and all reported fair to poor English skills. All the participants primarily spoke Nepali at home or with their family members. As shown in Table 1, only 2 participants (14%) reported working part-time or full-time. Nine participants (65%) had a monthly income of <\$1000 and two participants (14%) reported zero household income and relied completely on public assistance programs such as Refugee Cash Assistance Program, SNAP, Work First Program, or Matching Grant Program. Specifically in the case of food assistance programs, all participants were receiving SNAP benefits and 2 participants (14%) reported receiving Special Supplemental Program for Women, Infants and Children (WIC) benefits.

**Table 1.** Sociodemographic Characteristics of Study Participants (n = 14)

<b>Sociodemographic variables</b>	<b>Mean (<math>\pm</math> SD)</b>
Number of months in the United States	8.7 ( $\pm$ 5.0)
Age (in years)	42.9 ( $\pm$ 10.25)
Household size	3.6 ( $\pm$ 1.03)
Number of children (below 18 years)	1.9 ( $\pm$ 0.74)

	n (%)
Education	
No formal schooling	9 (64)
Less than high school	2 (15)
High school education or higher	3 (21)
Marital status	
Married	13 (93)
Other (separated/divorced)	1 (7)
English speaking proficiency	
Very good/good	—
Fair	4 (29)
Poor/very poor	10 (71)
Religion	
Hindu	9 (63)
Christian	4 (30)
Buddhism	1 (7)
Monthly household income <\$1000	9 (65)
Participation in Supplemental Nutrition Assistance Program	14 (100)
Participation in WIC program	2 (14)
Participation in Medicaid	10 (71)

SD indicates standard deviation; WIC: Special Supplemental Program for Women, Infants and Children.

Observation results indicated that steaming and stir-frying were common daily cooking methods for Bhutanese refugees. As shown in Table 2, the use of spices including chilies was very common. For lentil curry, lentils such as green gram were often used and were usually purchased at small ethnic stores. Key ingredients used in preparation of common dishes are shown in Table 2.

**Table 2.** Key Ingredients of Common Bhutanese Dishes Based on Household Observations (n = 3)

	<b>Ingredients</b>	<b>Other comments <sup>a</sup></b>
Rice	White rice	Bought in 10-pound bags mainly from the small ethnic stores
Vegetable curry	Vegetable oil Fenugreek seeds, mustard seeds	Spices were bought from the small ethnic stores
	Turmeric powder, coriander powder Green chilies Vegetables such as onions, tomatoes, cauliflower, spinach, peas, potatoesSalt	Vegetables such as potatoes, cauliflower, and onions were bought usually from regular stores
		Traditional vegetables such as <i>saag</i> , gourds, and other leafy vegetables were bought from the small ethnic stores
Lentil curry	Lentils such as green gram, red lentils, yellow gram <i>Ghee</i> (clarified butter) or vegetable oil	Lentils were usually soaked for a few hours before preparation
	Green chiles <i>Garam masala</i> (mixture of cloves, cardamom, cinnamon, and other spices/herbs)Salt	Clarified butter was preferred in making lentil curry After cooking, lentils were crushed and served in a soup-like consistency
Fresh pickle	Tomatoes, onions, green chilies Dried small fish	Dried cabbage or cucumber and Peas pickle were common.
	MSG Vegetable oil Red chili powder	
	Salt	
MSG indicates monosodium glutamate.		

<sup>a</sup>Information reported by participants during observations at home.

The semistructured interview results indicated that rice, vegetables, and lentil/pea curry were staple foods among Bhutanese refugees. Due to religious restrictions, most of the families did not eat beef. Following are the results organized under the 4 sections of the interview guide:

1. Previous living conditions and lifestyles: All participants reported living in refugee camps in Nepal before coming to the United States. Of the 14 participants, 10 (71%) reported living in refugee camps in rural areas and the remaining lived in camps located in semi-urban towns. Most reported farming as a main occupation, especially those living in a rural setting. In terms of living conditions, participants reported living in temporary houses made of materials such as mud, bamboo, cement sheets, or unburnt bricks. All participants except for one reported no electricity in their homes in refugee camps. At the camps, participants mainly received ration of rice, lentils/beans, and sugar.
2. Food shopping in the United States: All the Bhutanese refugee mothers reported going to a number of food stores for grocery shopping. None reported buying all the food items from one store. Most of the participants either walked or got a ride from other Bhutanese families to go to different food stores. In addition to regular grocery stores, participants often went to a flea market and small ethnic stores for food shopping. On average, participants shopped for food once a week. For the most part, participants relied on SNAP benefits to purchase food for the whole family. In fact, approximately half of the families relied solely on SNAP benefits for food. As one participant said, “If there is not food stamp, it is very difficult to buy things and prepare meals for family.” In another participant's words, “We do not have extra money, we only have food stamps for food, whatever we need, I manage with food stamps like rice, saag, dal, turkari, we eat simple food, we do not have money for fancy food.” Participants went to regular American grocery stores mainly to purchase items such as potatoes, onions, milk, yogurt, fruit, soft drinks, sugar, oil, and other similar items. Specifically, food items such as spices, rice, noodles, dried fish, and traditional vegetables such as saag were bought from the small ethnic stores. At the local flea market, participants mainly bought eggs, chicken, and some local vegetables. Hence, food shopping was divided between 2 and 3 food stores.
3. Dietary and meal preparation habits in the United States: Most of the participants reported eating 3 times per day. Dinner was the main meal of the day. Most of the participants reported drinking tea or coffee in the morning. It was common for some participants to eat the previous day's leftovers for lunch. In particular, those who were not working reported eating dinner leftovers for lunch. As one participant said, “Children are not at home, children eat at school, so I manage, I eat what is left, I cook when everyone is at home.” All participants reported cooking at least dinner every day. All participants prepared mainly Bhutanese meals for their families. The Bhutanese meals included rice, vegetable curry, pickle, and a meat or lentil dish. Pickles were

usually made of cabbage, tomatoes, dried fish, and chilies. Use of spices was common and *ghee* (clarified butter) was often added to rice before serving. Participants preferred traditional meals every day; very seldom did they eat American foods such as pizza, pasta, or burgers. As one participant said, “I like spices, I do not feel satisfied till I eat rice, if nothing is there, only rice and pickle is good.” In the case of fruits and vegetables, participants reported eating different kinds of vegetables such as *saag* (leafy vegetable), different kind of gourds, green beans, and root vegetables, mainly potatoes. The intake of fruits was not common. In the case of dairy and dairy products, milk was used mainly in making tea or coffee but the intake of yogurt was common.

4. Differences in previous and current dietary and food management habits: In the refugee camps, participants had been accustomed to shopping in open air markets, whereas in the United States, they had to do their shopping inside large stores; as mentioned by one participant, “In our country we have the market in outside, open but here all the market is inside.” Interview results indicated that all participants preferred and continued cooking Bhutanese meals in the United States. Hence, no major changes in dietary habits were reported by participants. With regard to lifestyle changes, participants preferred current living conditions mainly because they did not have running water and electricity in the refugee camps. However, they felt that finding a job and paying bills were major concerns here compared to in the refugee camps. As mentioned by one of the participants, “Finding a job is a major problem here and when we are working after one week, one month two month they say now there is no job ... but problems we have to pay everything, house rent and everything but we have no money.” Another major difference worth noting is the decrease in physical activity. At the camps, the participants seemed to have a more active lifestyle, as one participant stated: “In Bhutan and Nepal we used to go around like we used to have some form of movement... . Here we don't move ...” Another participant mentioned experiencing social isolation here in the United States: “The only problem is that they don't have their friends around.” In case of food availability and variety, more than half of the participants felt that the availability of food was greater here and that they had a wider variety of foods to choose from than at the camps, as seen in the following quote, “... more food here. In our country very expensive to buy fruits, meat, fruit items.”

## DISCUSSION/CONCLUSIONS

This study was conducted to understand the food shopping habits including dietary practices of recently resettled refugees. It was encouraging to see that the study participants were adjusting fairly well to life in a Westernized country despite the many challenges they face. Taken



together, the results of this preliminary assessment indicate that Bhutanese refugees for the most part follow their traditional dietary habits upon resettlement.

The study participants, or Bhutanese refugees in general, can be considered a relatively new group in the United States because most of the families arrived in the year 2009. Hence, it is difficult to estimate any changes in the diet due to acculturation. Acculturation is a process during which immigrant families simultaneously learn and/or modify certain aspects of the host culture and their culture of origin.<sup>9</sup> A number of studies have indicated that immigrants and refugees follow or adapt to their host country's dietary habits over a period of time.<sup>5,6,8,10-12</sup> For instance, results of a pilot study indicated that Somali refugee mothers who were in the United States for more than 3 years had significantly higher intakes of snacks, such as potato chips, than their counterparts.<sup>11</sup> Similarly, in a study by Burns in Australia, it was seen that the intake of Westernized food items such as pizza, noodles, chips, and sugar-sweetened beverages increased significantly among Somali women after resettlement.<sup>12</sup> Dietary acculturation, specifically integration into the host culture and becoming bicultural, is important in preventing negative health outcomes among immigrants. But in most cases, due to economic, social, and other barriers, immigrants' or newcomers' dietary acculturation is often characterized by replacing traditional nutrient-dense foods with cheaper calorie-dense food items. A review of acculturation studies in the United States indicated that acculturation among low-income immigrants leads to weight gain, low intake of fruits and vegetables, and high consumption of fats and overall calories.<sup>13</sup> Like other immigrant and refugee groups, our study population faces poor economic conditions. Most reported a monthly income of <\$1000 and that finding a job was a major concern. Therefore, it is possible that this refugee group will also follow a poor dietary acculturation trend of shifting from high-nutrient-dense to high-calorie, low-nutrient-dense food. To better understand, a longitudinal study assessing dietary habits over a period of time would be a key in estimating the dietary acculturation process and the end result among this group of population.

More often than not, food habits are viewed as a representation of culture and play a key role in defining and reinforcing cultural identity. For refugees or individuals in a similar situation of forced relocation, maintaining a traditional diet appears to be important in reassuring and confirming ties to their own culture and traditions, because most of the participants in our study preferred their traditional food over American food. Maintaining cultural identity may also influence dietary habits in this population. Results of other refugee studies also showed the importance of traditional food in affirming cultural ties. For instance, in a study by Hadley and Sellen, Liberian refugee women expressed the sentiment of eating traditional food to feel closer to their country of origin.<sup>5</sup>

In our study, most of the families did not have a car. They usually walked to the store or relied on their friends and relatives to get to food stores. Though not reported in the interviews, it was observed that newly arrived families relied on the previously arrived Bhutanese families who had previously resettled for information and for obtaining rides to go to different places. Hence, to a

certain extent both social network and physical access determined where study participants went to shop for food. Patil et al interviewed caseworkers and refugee women to understand how social, environmental and economic factors affect dietary acculturation among refugees in the United States.<sup>14</sup> Results of the study indicated that newly arrived refugee families rely extensively on their experienced community members to traverse through a new environment including new and different food systems. Considering this trend, it would be interesting to study how social cohesion and networking influence refugees' food shopping and dietary practices.

Like other refugee populations in the United States,<sup>5,8,11,15</sup> the majority of the participants were low-income and were participating in food assistance programs such as SNAP and WIC. Most of the participants also reported that their children participated in the National School Lunch Program; they often mentioned dinner was a main family meal because their children ate lunch at school. Food assistance programs such as SNAP are meant to supplement families' monthly food budgets. However, most of the participants in our study reported that the SNAP benefits represented almost their total food budget. They often mentioned that after paying rent and utilities, they did not have any money for other expenses such as food. Results of this study indicate that Bhutanese families are managing limited or no food budget by buying basic staple food items and cooking inexpensive traditional meals through SNAP benefits. Though not addressed in our study, depletion of SNAP benefits earlier than their monthly dispersion cycle is common in refugee groups.<sup>5,8,11</sup> In such a case, families usually follow patterns of abundant food in the beginning and scarcity at the end of the month. In the future, we plan to explore and study the use of SNAP benefits in a context of a monthly cycle and its influence on dietary patterns.

Due to the small sample size and convenience sampling, it is not possible to generalize our findings to the larger Bhutanese refugee group in the United States. However, the study highlights future research needs in understanding dietary habits, acculturation, and health outcomes among refugees in the United States. In particular, large-scale longitudinal studies using validated scales are warranted to investigate the relationship between acculturation and dietary habits. Due to the qualitative nature of this study, it is not possible to estimate the cost and nutrient quality of the participants' diets. However, the results of this study indicate that Bhutanese women used relatively inexpensive staple foods to manage their limited food budgets.

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